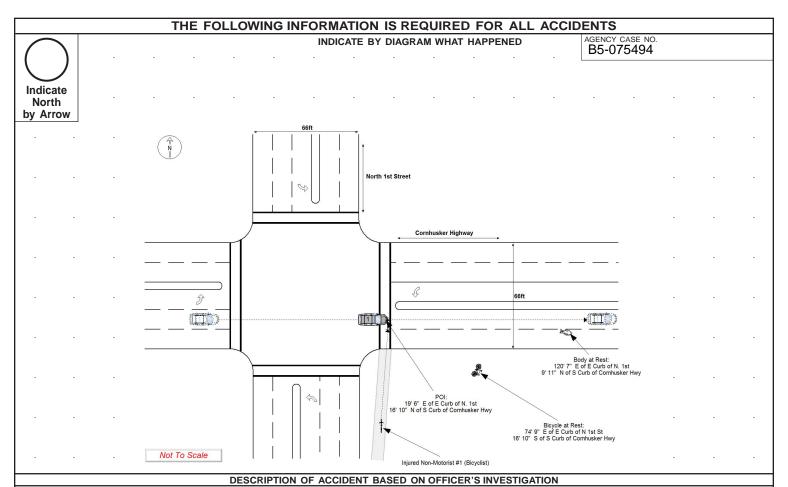
21503 5613	33253 I		State of N	lebraska igator's	Mot	tor	Vel	hicl	e A	\CC	ide	en	t Re	port		Shee	et1	of	4	
1	Total Nu		Local No./ District	cal No./ Agency								F	IIT & RUN		l .	NVESTIGATION MADE AT SCENE?				
A/1	of Vehi		034			YE (In I						STATE US	YES		NO	1				
01 A/2	DATE OF ACCIDENT		9/2015 S M T W TH F S TIME OF ACCIDENT 0530										_	Amended						
	PLACE OF	COUNTY	Lancaster POLICE NOTIFIED									D	0531		08/23	08/23/2015				
В	ACCIDENT	CITY	Lincoln			P					PRIVATE 123 X			LATITUDE						
54	ROAD O																			
4	DISTANCE		FEET	N		HIGHWAY NO.						LONGITUE	LONGITUDE							
D			IF AT INTER						_	ECTION										
2							X FE	.50							T, BRIDGE	BRIDGE, RAILROAD CROSSING				
V1/M														N 1ST ST						
01 V2/M	MILES		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N S E W AND N S E W OF NEAREST CITY OR TOWN																	
V 2/111	R. work	R1	R2 R3 R			S1	S2	S3		5-a S5			\$6-h	DOES ACCID	ENT INVO	LVE D	AMAGE	ТО		
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1	00020								5 (○YES X NO					-	
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1 V1/N	DRIVER										ONE	1 1 (21.42	(Of Licerise)	LOCAL N			MALE		
2	RONAL DRIVER ADDRI	ESS		RTH 402314										DATE OF		W/M 04-06-56				
V2/N	328 G S	T, LIN	ICOLN, NE	68508						PHO	ONE			BIRTH (MM / DD / YYY	04/06	15				
G	SERV		CAB CO LI	CAB CO LLC 4024774111																
4	OWNER ADDR		LINCOLN.	CITY, STATE, ZIP CITATION YES LINCOLN, NE 68528 PENDING X NO										CITATION	NO.			V1/3		
Н	LICENSE PLATE	PA ,	NO. TJY84						YEAR te Expires)	2015		STA (Of P		NE						
2	VEHICLE		YEAR 2001		1							STIMATED DAMAGE TOTALED \$ 3000								
V1/O 2	VEHICLE ID	Т —	O LASCOA DOCCOSTO																	
V2/O	NO. (VIN)	TO TOWED BY											POLICY NO			JE (.0		15	
	101 CH/	ARLES	STON		CAPIT	AL T		NG HICLE	NO 1)			CAP	62242140	1				V1/6 45	
1	DRIVER		10				V L	IIICLL	140. 2	•				STATE		SI	- x	FEMALE		
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2 V2/Q	VEHICLE	YEAR							BODY STYLE COLOR						ESTIMATED DAMAGE TOTALED \$					
,,,,	VEHICLE ID				INSURA					NSURANCE COMPANY					V2/5					
К	NO. (VIN) TOWED TO		TOWED BY										POLICY NO).						
02		C	mplete this section for all injured persons DATE OF BIRTH										1	2	3	4	5 OFY			
		(Com	plete triis i	ation report, if n	nore than th	ree we	re injur	red)						DD / YYYY)	Seat Position	Eject	Dody	Injury T	ans. SEX	
VEH. # NAME ADDRESS RONNY D SCHMIDT 611 S 44 ST, LINCOLN, NE 68503															19		01	1 2	2 M	
0	LOCAL NO. W/M 11-15-19 MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)							EMS SERVICE NAME Lincoln Fire & Reso					10			EMS RUN REPORT NO. 2015016256				
VEH. #							·	LITIC	OIII F	пса	1100		10		201	JU 11	0230			
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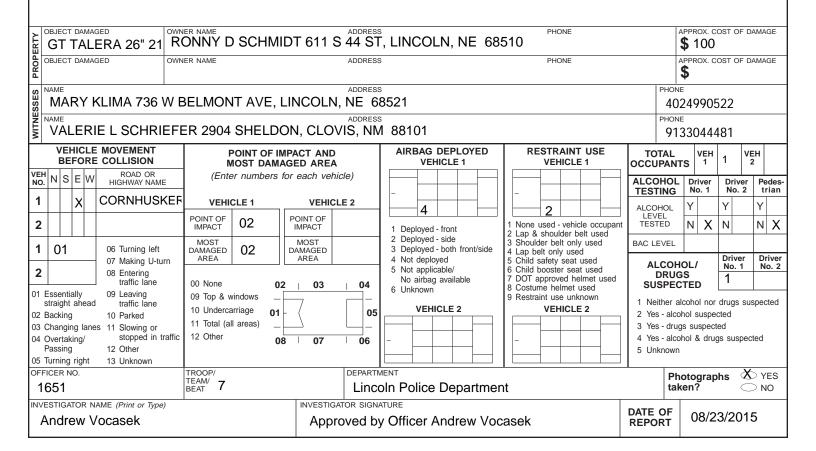


Vehicle #1 was traveling eastbound on Cornhusker Hwy in the inside lane of traffic. Vehicle #1 reached the intersection with N 1st St, the traffic signal was cycled to 'green' for eastbound through traffic on Cornhusker Hwy. Vehicle #1 continued through the intersection and collided with the Bicyclist (Injured Non-Motorist #1).

The Bicyclist was traveling northbound on the east sidewalk along N 1st St without a front or rear light on the bicycle. When the Bicyclist reached the intersection with Cornhusker Hwy, the Bicyclist continued onto the pedestrian crosswalk against the pedestrian crosswalk signal. The Bicyclist crossed the outside traffic lane and upon entering the inside traffic lane was struck by Vehicle #1.

Driver #1 and Witnesses were interviewed and provided matching accounts of the incident.

The Bicyclist was transported by LFR Unit #10 to Bryan LGH West for treatment of injuries.



215033253 State of Nebraska Investigator's Motor Vehicle Accident Continuation Report Sheet 56131 Local No./ Agency Case B5-075494 District 034 Amended DATE OF ACCIDENT (MM / DD / YYYY) Vehicle **PLACE** Lancaster Codes 08/19/2015 from ACCIDENT Lincoln Sequence Overla of Events **CORNHUSKER HWY** ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. VEH.# VEH.# VEHICLE NO. DRIVER LICENSE FEMALE NO. (Of License) MALE DRIVER LOCAL NO. DRIVER ADDRESS CITY, STATE, ZIP BIRTH Ν MM / DD / YYYY OWNER LOCAL NO. 0 OWNER ADDRESS CITY, STATE, ZIP CITATION NO. CITATION PENDING \bigcirc NO YEAR STATE LICENSE (Plate Expires) **PLATE** NO. MAKE MODEL BODY STYLE COLOR ESTIMATED DAMAGE **VEHICLE** Q TOTALED \$ INSURANCE COMPANY VEHICLE ID NO. (VIN) TOWED TO TOWED BY POLICY NO VEH.# VEH.# VEHICLE NO. DRIVER STATE FEMALE SEX NO. LICENSE MALE PHONE LOCAL NO. М DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH OWNER PHONE LOCAL NO. OWNER ADDRESS CITATION NO. CITY, STATE, ZIP CITATION YES PENDING ONC YEAR LICENSE STATE PLATE NO. (Plate Expires) ESTIMATED DAMAGE YEAR MAKE MODEL BODY STYLE COLOR VEHICLE C TOTALED \$ INSURANCE COMPANY VEHICLE ID NO. (VIN) TOWED TO TOWED BY POLICY NO. VEHICLE MOVEMENT AIRBAG DEPLOYED RESTRAINT USE VEH VEH POINT OF IMPACT AND **TOTAL BEFORE COLLISION** VEHICLE VEHICLE MOST DAMAGED AREA OCCUPANTS VFH ROAD OR (Enter numbers for each vehicle) NSEW ALCOHOL Driver No. Driver No. **TESTING VEHICLE** VEHICLE ALCOHOL LEVEL POINT OF POINT OF None used - vehicle occupant TESTED Ν Ν Lap & shoulder belt used Deployed - front Deployed - side Shoulder belt only used MOST MOST DAMAGED BAC LEVEL Lap belt only used DAMAGED Deployed - both front/side 06 Turning left Child safety seat used Child booster seat used Not deployed AREA AREA Driver No. Driver No. 07 Making U-turn 08 Entering ALCOHOL/ Not applicable/ DOT approved helmet used **DRUGS** No airbag available 8 Costume helmet used 9 Restraint use unknown traffic lane 00 None Unknown SUSPECTED 02 03 04 09 Leaving traffic lane 01 Essentially 09 Top & windows straight ahead VEHICLE VEHICLE 1 Neither alcohol nor drugs suspected 10 Undercarriage 10 Parked 02 Backing Yes - alcohol suspected 01 05 03 Changing lanes 11 Slowing or stopped in traffic 11 Total (all areas) 3 Yes - drugs suspected 04 Overtaking/ 4 Yes - alcohol & drugs suspected 12 Other 12 Other Passing 07 06 5 Unknown 05 Turning right 13 Unknown 2 3 4 5 DATE OF BIRTH SEX Complete this section for all injured persons Seat Position Eject Body Region Injury Sev. Trans. (MM / DD / YYYY) ADDRESS NAME VEH. # LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO. NAME ADDRESS VEH. # LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO. ADDRESS NAME VEH. # LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO.

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT																			
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DERO NAME ESCO	J WEAT	THERS	SPOON 1	4150 A	ZALEA		ARK #A, BATON ROUGE, LA 70816								PHONE 9792647180				
OFFICER NO.			TROOP/ TEAM/ BEAT 7	DEPARTME Lincol															
INVESTIGATOR	NAME (Print o	or Type)			IN	IVESTIGATO	OR SIGNATU												
Andrew	Vocasek	(Approv		DATE OF REPORT 08/23/2015											